

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524458

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| 9 | 2 | | | | | | | 59 | | | | | |
| 10 | 1 | 2 | | | | | | 60 | | | | | |
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| TOTAL DEP. | | | 10 | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | 12 | | | | | TOTAL CLAIMS | | | | | |

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| TOTAL DEP. | | | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | | | TOTAL CLAIMS | | | | | |